

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	FLUID-ASSISTED MEDICAL DEVICES, SYSTEMS AND METHODS
Attorney Docket Number::	13045.36USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	30
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 12/14/04

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Michael
Middle Name:: E.
Family Name:: McClurken
Name Suffix::
City of Residence:: Durham
State or Province of Residence:: NH
Country of Residence:: United States
Street of mailing address:: 26 Deer Meadow Road
City of mailing address:: Durham
State or Province of mailing address:: NH
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 03824

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Lipson
Name Suffix::
City of Residence:: North Andover
State or Province of Residence:: MA
Country of Residence:: United States
Street of mailing address:: 131 Pheasant Brook Road

Initial 12/14/04

City of mailing address:: North Andover
State or Province of mailing address:: MA
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 01845

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Arnold
Middle Name:: E.
Family Name:: Oyola
Name Suffix::
City of Residence:: Raymond
State or Province of Residence:: NH
Country of Residence:: United States
Street of mailing address:: 49 Nottingham Road
City of mailing address:: Raymond
State or Province of mailing address:: NH
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 03077

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: David
Middle Name:: J.
Family Name:: Flanagan

Initial 12/14/04

Name Suffix::

City of Residence:: Somersworth

State or Province of Residence:: NH

Country of Residence:: United States

Street of mailing address:: 25 Lily Pond Road

City of mailing address:: Somersworth

State or Province of mailing address:: NH

Country of mailing address:: United States

Postal or Zip Code of mailing address:: 03878

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/15340	05/15/03
PCT/US03/15340	International application	10/147373	05/16/02

Initial 12/14/04

Assignee Information

Assignee Name:: TISSUELINK MEDICAL, INC.
Street of mailing address:: One Washing ton Center, Suite 400
City of mailing address:: Dover
State or Province of mailing address:: NH
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 03820